



Motor Vehicle Commission

STATE OF NEW JERSEY
Business License Services
(609) 777-1686

Enclosed are the applications necessary for the issuance of a MOTORCYCLE INSPECTION LICENSE. Please ensure that all of the items below are returned for the processing of a license.

A copy of your driver license

Corpcode number

Initial Application

Supplementary Application

Child Support Certification

Sticker Identification card

License fee \$25.00

License Certification Form

Copy of corporate papers (if applicable)

Original Certificate of Insurance in the amounts of \$300,000 bodily injury and \$50,000 property damage. The certificate holder should read:

Motor Vehicle Commission - PIF Section
P.O. Box 170
Trenton, NJ 08666

Color photo of each officer, owner, partner or corporate officer

Fingerprint (See attached instruction letter)

Business hours

Copy of Certificates listed below:

- A. NJ Sales Tax Identification
- B. NJ Unemployment Registration
- C. Federal Employer Identification

If you have any questions, please contact us at the phone number listed above.

APPLICATION FOR LICENSE**FOR OFFICE USE ONLY**

License No. _____

Date _____

Reg. No. _____

Approved by _____

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

Corp Code _____

1. _____

Name Of Business (if corporation, corporate name)

Business phone _____

2. Please Check:

☐ Corporation ☐ Partnership ☐ Proprietorship☐ Other _____

Street Address _____

City _____

Zip Code _____

County _____

All applicants please provide the following information and attach copies of proof thereof:

A. NJ Sales Tax Identification Number _____

B. NJ Unemployment Registration Number _____

C. Federal Employer Identification Number _____

3. Please Check appropriate Box for License:

☐ Leasing Company☐ Driving School☐ Moped Dealer☐ Junkyard☐ Private Inspection Facility☐ Fleet DEIC☐ New & Used Motor Vehicle Dealer☐ Auto Body Repair Facility☐ Used Motor Vehicle Dealer☐ Fleet Inspection Facility☐ DEIC

4. Complete the following for proprietor, partners, or corporate officers:

Name

Title

☐ Other _____

Home Address _____

Telephone Number _____

5. Have the owners, partners, or officers ever been arrested, charged or convicted of a criminal or disorderly persons offense in this or any other state?

☐ Yes if yes, explain:☐ No

6. Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

☐ Yes _____☐ No Give name and address of person _____

7. Have the owners, partners or corporate officers ever held any of the above licenses?

☐ Yes☐ No If yes, please explain the type of license and license numbers _____

8. Was the license ever suspended or revoked?
- If yes, explain:
- ☐ Yes
- ☐ No
9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name
- If yes, explain:
- ☐ Yes
- ☐ No
10. Does any stockholder own more than 10% of the corporation's stock?
- If yes, give name, address and holding
- ☐ Yes
- ☐ No

11. _____

Place of Incorporation

Date of Incorporation

Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate papers.

12. The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation. He further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto.

13. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I am _____ of the above business _____

Owner, Partner, Officer

and that the information I have submitted is true to the best of my knowledge.

Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary of the above Corporation and have witnessed the signature of _____

who is _____ of said corporation.

President, Vice-President

Signature of Secretary

APPROVAL CERTIFICATE

I, _____ Clerk of the Municipality of _____ County of _____

(Print Name)

State of New Jersey, hereby certify that the business checked below is an approved use or that the Municipal Governing Body or Zoning Commission has approved the location, establishment and maintenance of the

- | | | |
|--|--|--|
| <input type="checkbox"/> Leasing Company | <input type="checkbox"/> Fleet DEIC | <input type="checkbox"/> Used Motor Vehicle Dealer |
| <input type="checkbox"/> Driving School | <input type="checkbox"/> New & Used Motor Vehicle Dealer | <input type="checkbox"/> Fleet Inspection Facility |
| <input type="checkbox"/> Moped Dealer | <input type="checkbox"/> Auto Body Repair Facility | <input type="checkbox"/> DEIC |
| <input type="checkbox"/> Junkyard | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Private Inspection Facility | | |

, located at _____

Complete Address

Signature of Municipal or Zoning Board Clerk

Date

BUSINESS LICENSE SERVICES
SUPPLEMENTARY APPLICATION

BUSINESS NAME				BUSINESS PHONE #			
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY							
2. STREET ADDRESS				CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?						HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.							
5. DATE OF BIRTH (MO. DAY, YEAR)				6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)			
7. SEX		8. HEIGHT			9. WEIGHT		10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER			12. DRIVER LICENSE NUMBER (STATE)				
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? YES NO IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.							
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. SIGNATURE: _____ DATE _____							

1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY							
2. STREET ADDRESS				CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?						HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.							
5. DATE OF BIRTH (MO. DAY, YEAR)				6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)			
7. SEX		8. HEIGHT			9. WEIGHT		10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER			12. DRIVER LICENSE NUMBER (STATE)				
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? YES NO IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.							
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. SIGNATURE: _____ DATE _____							



STATE OF NEW JERSEY
Motor Vehicle Commission
Business License Services

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date of Birth

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq. the response to the below listed questions are required. Mis-statement will be just cause to take administrative action including, but not limited to, denial of licensure, immediate revocation or suspension of the license.

1. Do you have a child support obligation? ☐ Yes ☐ No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? ☐ Yes ☐ No
3. Are you subject to a child-support warrant? ☐ Yes ☐ No

I certify that the foregoing responses made by me are true and I am aware that the making of false statement may subject me to contempt of court.

Signature

Date



Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY
BUSINESS LICENSE COMPLIANCE

TO ALL MOTOR VEHICLE PRIVATE INSPECTION FACILITIES

The New Jersey Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of certification as a licensed Motor Vehicle Private Inspection Facility.

As part of the Business License application process, it is required that all proprietors, partners and corporate officers schedule an appointment with the States fingerprint scan vendor **SAGEM MORPHO, INC.**

All you need do is call this toll free number **1-877-503-5981 (English or Spanish Operators) or TTY-1-800-673-0353 (HEARING IMPAIRED Modem Required)** to arrange an appointment to be scanned at an established site. **When scheduling your appointment, you will be asked to provide certain personal information including your driver's license and social security number.** Please make sure you have this information available when scheduling your appointment. In addition, you will be asked to provide the following Motor Vehicles identification numbers:

ORIGINATING AGENCY REFERRAL NUMBER (ORI)	NJ920530Z
AGENCY CASE NUMBER	(Your Driver License Number)
CATEGORY	MVS
DOCUMENT TYPE	RS 1
STATUTE	39:8-45 MOTOR VEHICLE INSPECTION STATION LICENSING

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 1 through 18 as well as your driver's license number in block 22 which will be used as your agency case number. Please have this form filled in and present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter.

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. **When fingerprinted, you will be required to pay a one-time fee in the amount of \$54.00 incorporating all required background checks. Payment must be made by certified check or money order made out to the name of the State contractor: SAGEM MORPHO, INC.**

If you have any questions concerning this procedure, please contact the following area:

**NEW JERSEY MOTOR VEHICLE COMMISSION
BUSINESS LICENSE SERVICE BUREAU
PRIVATE INSPECTION FACILITY SECTION
609-777-1684**

PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU APPEAR TO BE FINGERPRINTED

Applicant Information – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. YOU MUST PRESENT THIS FORM TO BE FINGERPRINTED. NO EXCEPTIONS ALLOWED. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. UPON COMPLETION OF THE FINGERPRINTING PROCESS, A PCN NUMBER WILL BE RECORDED IN THE DESIGNATED BOX AND THIS FORM WILL SERVE AS CONFIRMATION OF FINGERPRINTING. VALID PHOTO IDENTIFICATION MUST BE PRESENTED AT THE TIME OF FINGERPRINTING AND MUST HAVE A VALID EXPIRATION DATE. EXPIRED NEW JERSEY PHOTO DRIVER LICENSE WILL BE ACCEPTED IN COMBINATION WITH CURRENT NON-PHOTO LICENSE. NO OTHER EXPIRED IDENTIFICATION WILL BE ACCEPTED. SEE BOX 26 FOR ID REQUIREMENTS.

For applicants who must pay their own fingerprinting fees, payment will be required at the time of scheduling for certified check credit card and money order payments. Your account will be charged at the time you schedule. A fee of \$14 is charged to cover the cost of a scheduled appointment for applicants who do not cancel by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). The \$14 fee also applies to applicants who are turned away from the printing sites due to their inability to present proper ID as defined below (26), or who fail to present Universal Fingerprint Form NJAPS1 V 1.7 provided to you by your agency and required for printing (this form). State and Federal search fees will be refunded. State agencies are notified of no shows.

Appointment scheduling is available via the web at www.bioapplicant.com/nj 24 hours per day, 7 days per week. For applicants who do not have web access, appointments are available through the toll free call center at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 AM and Saturday 8:00 AM to 12 noon. Hearing impaired scheduling is available at (800) 673-0353. English and Spanish operators are available through the Call Center.

Payment by money order at the site will be accepted for applicants scheduling via the call center only. Money order payment must be indicated at the time of scheduling. No other form of payment will be accepted at the fingerprinting site.

Your applicant ID number, date, time of appointment and payment confirmation will be confirmed by the call center. You must record this information in the appropriate blocks to the right while speaking with the operator. Your PCN number will be recorded when your fingerprinting has been completed. Retain this form as proof of fingerprinting. No receipts will be provided after the date of printing.

Date/Time of Appointment	Applicant Id Number
PNC	Payment Confirmation

(1) First Name		(2) Middle Initial		(3) Last Name	
(4) Daytime Telephone Number		(5) Social Security Number		(6) Date of Birth	(7) Height
					(8) Weight
(9) Maiden Name (if married female)			(10) Place of Birth (State for US Citizens - Country for all others)		(11) Country of Citizenship
(12) Home Address					
Address		City		State	Zip
(13) Gender (select one) Male Female Both		(14) Hair Color (indicate most predominant color, one only)		(15) Eye Color	(16) Race (select one) A Asian/Pacific Islander (Includes Asian Indian) B Black I American Indian/Alaska Native W White (Includes Hispanic/Spanish origin) U Unknown
(17) Occupation			(18) Employer Name and Address		
NOTE: Items 19-25 to be completed by employer or agency.					
(19) Statute Number			(20) Reason for Fingerprinting		
(21) Originating Agency Number (ORI#)			(22) Contributor's Case Number (Agency Unique Identifier) DL#		
(23) Category			(24) Document Type		
(26) ACCEPTABLE ID: ID MUST BE ISSUED BY FEDERAL, STATE, COUNTY OR MUNICIPAL ENTITY FOR IDENTIFICATION PURPOSES AND MUST INCLUDE PHOTO, NAME, ADDRESS (HOME/EMPLOYER) AND DATE OF BIRTH. EXAMPLES OF ACCEPTABLE IDENTIFICATION INCLUDE 1) PHOTO DRIVER'S LICENSE OR PHOTO ID ISSUED BY ANY STATE DMV OR NJMVC, 2) PASSPORT OR IMMIGRATION ID 3) FEDERAL, STATE, COUNTY OR MUNICIPAL EMPLOYMENT ID.			(25) Payment Information <div> <div> <div>Visa</div> <div>Master Card</div> <div>Money Order</div> <div>Certified Check</div> </div> <div>\$54.00</div> </div>		



NEW JERSEY MOTOR VEHICLE COMMISSION

CERTIFICATION

This is to certify that I understand the license for which I am making an application may be issued prior to the standard investigation, to include character investigation and facility compliance.

It is, therefore, understood that should any derogatory or disqualifying information be received subsequent to the issuance of the license, I will immediately and voluntarily surrender all items issued.

Signed: _____

Proprietor, Partner or
Corporate Officer

Business Name

Date



New Jersey Motor Vehicle Commission

Office of Regulatory Affairs
Business License Services
P.O. Box 171
Trenton, New Jersey 08666-0171

BUSINESS HOURS

Name of Business _____ License No. _____

Address _____

Days Open for Business

Business Hours

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, partner or officer _____

Date _____